

**P516****Uterine Artery Embolization in the Treatment of Postpartum Uterine Hemorrhage; Two Centers' Experience in 100 Patients**

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**Objectives:** Postpartum hemorrhage is a major cause of maternal mortality all over the world and in Arab world as well. Uterine artery embolization (UAE) could be very effective if local measures failed to stop bleeding. **Methods:** In the participated two centers, 100 women (mean age 29 years) with postpartum hemorrhage underwent transarterial embolization in Ain Shams University and Sheikh Khalifa Ben Zayed Hospitals after failure to achieve hemostasis after conservative treatments. Clinical success was defined as stabilization of vital data of the patient and obviation of hysterectomy. Gelatin sponge particles were used as embolic agent in all the patients. **Results:** Bleeder could be identified angiographically in 86 patients (pseudoaneurysm in 6 patients and extravasation from birth canal laceration in 80 patients). In 16 patients, no definite bleeder could be identified, so bilateral uterine artery embolization was done empirically. Clinical success rate was 90% (92 patients including all patients with angiographically identified bleeder). Re-embolization was done in eight patients. Hysterectomy was needed in four patients: two after rebleeding after the second UAE and two after first UAE. No major procedural-related complications were recorded. **Conclusion:** In this large number of cases, transcatheter embolization of the uterine artery is a feasible treatment option in management of postpartum bleeding with low rates of complications. Angiographic identification of the bleeding source was associated with higher clinical success rates decreasing the need for hysterectomies.

**P517****Uterine Artery Embolization for Fibroid-Service Evaluation in a Tertiary Care Hospital**

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**Objectives:** UAE has been a treatment option since 1995 and confers advantage over surgical treatment options such as myomectomy. We retrospectively looked at our practice of fibroid embolization using guidance published by the Royal College of Radiologists (RCR) and the Royal College of Obstetricians and Gynaecologists. **Methods:** Ninety-three patients underwent UAE for fibroids over a consecutive 24-month period (September 2016 to September 2018). Technical and clinical data were gathered retrospectively for each patient and compared to standards outlined by RCR, UK. **Results:** Magnetic resonance imaging before the procedure was done in 92 patients and all relevant information was provided in 95% cases. Technical success rate

was 97%. Mean screening time and dose area product was 13 min and 70 Gy/cm<sup>2</sup> respectively. Documentation of technical parameters was incomplete in 11 out of the 93 patients (12%). The most common complication was postembolization syndrome requiring admission and vaginal discharge which were both 4%. An emergency total abdominal hysterectomy was required in three patients for endometritis (2) and acute hemorrhage (1). **Conclusion:** These data indicate that our center is performing well within radiation safety targets and that our minor complication and follow-up rates are within national targets. Documentation, admission rates greater than 24 h and major complication rate are not reaching targets. Moving forward, we aim to maintain technical success rates and continue to practice according to the as low as reasonably practicable principle. We also aim to inform and educate and work with colleagues to improve documentation, reduce admission rates, and reduce major complication rates.

**P518****Cost Analysis of Traditional Deep Vein Thrombosis Treatment versus Inari ClotTriver**

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**Objectives:** The Inari ClotTriver is a new device approved for use in our institution as of October 2019. Our practice is at an academic center which is a level 1 trauma center with 576 beds. Traditionally, iliofemoral deep vein thrombosis (DVT) has been managed at our institution initially infusing peripheral thrombolytics overnight in the intensive care unit (ICU), followed by more aggressive intervention the following day. With the availability of the ClotTriver, we have eliminated thrombolytic drug therapy and an ICU stay. After using this new product for 1 month, we began a QI project with the objective of looking at the difference in total costs. **Methods:** We identified our first six ClotTriver cases and retrospectively searched for six traditionally treated DVT cases. We defined traditional cases as anyone with an iliofemoral DVT treated with an infusion catheter overnight in the ICU. These patients were then treated 24–48 h later with either balloon maceration, the Argon Cleaner device, a Penumbra catheter, or possible stenting. Intravascular ultrasound (IVUS) may or may not have been used. Since patients can stay in the hospital for days with multiple other issues, we included a 2-day stay for costs associated with the Interventional Radiology procedure. ClotTriver cases were defined as using the Inari device for iliofemoral DVTs. In addition, IVUS, balloon venoplasty, and stenting with the Venovo stent were performed if needed. These patients were on the regular medical/surgical floor. Since patients can stay in the hospital for days with multiple other issues, we included a 1-day stay for costs associated with the IR procedure. **Results:** Average ICU stay cost is approximately \$1400 per night. Average cost for a bed on the Medical Surgical floor is \$400 per night. 24 mg of TPA costs \$682. The total average cost for traditional DVT treatment is \$8189.60 (range 1508–20,801) as compared to the average procedure cost with the ClotTriver device at \$15,628.20 (range 10,709–19,329) ( $P < .05$ ). Average 2-day hospital stay for traditional patients is \$12204 and 1-day stay for Inari patients \$18,470.10 ( $P < 0.05$ ). Two of the higher costing ClotTriver cases were bilateral DVTs. Average length of stay in traditional cases is 8.5 days (range 2–22 days). Average length of stay in ClotTriver cases is 5.8 days (range 1–8 days). **Conclusion:** Both parameters including procedure-